

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

Application or Docket Number
10-075823

CLAIMS AS FILED - PART I

(Column 1)		(Column 2)	
FOR	NUMBER FILED	NUMBER EXTRA	
BASIC FEE (37 CFR 1.16(a))			
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =		
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =		
MULTIPLE DEPENDENT CLAIM PRESENT		(37 CFR 1.16(d))	

* If the difference in column 1 is less than zero, enter "0" in column 2.

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	FEES		RATE	FEES
		OR		
K \$ _____	=	OR	X \$ _____	=
K \$ _____	=	OR	X \$ _____	=
+ \$ _____	=	OR	+ \$ _____	=
TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

8-11-04

	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	40	Minus	" 43 =	X \$.25 =		X \$.50 =	
Independent (37 CFR 1.16(b)(1))	4	Minus	" 4 =	X \$ 1.00 =		X \$ 2.00 =	
				+ \$ 1.80 =		+ \$ 3.60 =	
				TOTAL ADDL FEE		TOTAL ADDL FEE	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

	(Column 1)	(Column 2)	(Column 3)	AUDIT FEE			
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(e))	Minus	**	=	K \$ 35 =		K \$ 50 =	
Independent (37 CFR 1.16(l))	Minus	***	=	X 100 =		K \$ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
				+ \$ 100 =		+ \$ 300 =	
				TOTAL ADD'L FEE		TOTAL ADD'L FEE	
				OR		OR	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM " (37 CFR 1.16(d))

(Column 1)		(Column 2)		(Column 3)				
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
Total	(37 CFR 1.16(d))	Minus	**	=	<u>X \$ 25 =</u>		<u>X \$.50 =</u>	
Independent	(37 CFR 1.16(b))	Minus	***	=	<u>X \$ 100 =</u>		<u>X \$ 200 =</u>	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						<u>+\$ 180 =</u>	<u>+\$ 360 =</u>	
TOTAL ADD'L FEE							TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

A collection of information is required by 37 CFR 1.16. The information is used to collect a benefit by the U.S. Patent and Trademark Office.

• If the entry in column 1 is less than the entry in column 2, write ‘**S**’ in column 2.

If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 20, go to step 2.

"If the Highest Number Previously Paid For IN THIS SPACE Is less than 20, enter '20'.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number.

collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a patent.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.